

LOCAL USE ONLY

Mother's Name: _____ Chart No.: _____
Address: _____ (Number, Street, City, State) _____ (Zip Code) Phone No.: () _____
Infant's Name: _____ Chart No.: _____ Delivering Physician: _____ Phone No.: () _____
Pediatrician: _____ Phone No.: () _____

- Patient identifier information is not transmitted to CDC -



DEPARTMENT OF
HEALTH & HUMAN SERVICES
CENTERS FOR DISEASE CONTROL
AND PREVENTION
ATLANTA, GA 30333

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

CASE ID No.: **0100984**
(1-7)

Form Approved OMB No. 0920-0128 Exp. 5/2000

Local Use ID No.: _____

PART I. REPORTING INFORMATION

1. Report date to health dept. ____/____/____ Mo. Day Yr. (8-15)	2. Reporting state FIPS code: ____ (16-17) Reporting State Name	3. Reporting county FIPS code: ____ (18-20) Reporting County Name
4. Reporting city FIPS code: ____ (21-24) Reporting City Name	5. Other geographic unit (optional): ____ (25-27)	6. Sentinel reporting site: (28) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

PART II. MATERNAL INFORMATION

7. State FIPS code: ____ (29-30) Residence State Name	8. Residence county FIPS code: ____ (31-33) Residence County Name	9. Residence city FIPS code: ____ (34-37) Residence City Name
10. Residence zip code: ____ (38-42)	11. Mother's date of birth: ____/____/____ Mo. Day Yr. (43-50)	12. Mother's race: (51) 1 <input type="checkbox"/> White 3 <input type="checkbox"/> American Indian/ Alaskan Native 8 <input type="checkbox"/> Other 2 <input type="checkbox"/> Black 4 <input type="checkbox"/> Asian/Pacific Islander 9 <input type="checkbox"/> Unk
13. Mother's ethnicity: (52) 1 <input type="checkbox"/> Hispanic 9 <input type="checkbox"/> Unk 2 <input type="checkbox"/> Non-Hispanic	14. Mother's marital status: (53) 1 <input type="checkbox"/> Single, never married 3 <input type="checkbox"/> Separated/ Divorced 8 <input type="checkbox"/> Other 2 <input type="checkbox"/> Married 4 <input type="checkbox"/> Widow 9 <input type="checkbox"/> Unk	15. Last menstrual period (LMP) (before delivery) ____/____/____ Mo. Day Yr. (54-61)
16. Did mother have prenatal care? (62) 1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> Unk (Go to Q19) 2 <input type="checkbox"/> No (Go to Q19)	17. Indicate date of first prenatal visit: ____/____/____ Mo. Day Yr. (63-70)	18. Indicate number of prenatal visits: ____ (71-72)
19. Did mother have a nontreponemal test (e.g., RPR or VDRL) in pregnancy, at delivery, or soon after delivery? (73) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Go to Q22) 9 <input type="checkbox"/> Unk (Go to Q22)	20. Indicate dates and results of nontreponemal tests: Date Results a. ____/____/____ (74-81) <input type="checkbox"/> Unk 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk (82) b. ____/____/____ (83-90) <input type="checkbox"/> Unk 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk (91) c. ____/____/____ (92-99) <input type="checkbox"/> Unk 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk (100) d. ____/____/____ (101-109) <input type="checkbox"/> Unk 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk (109)	21. Indicate titer of nontreponemal test closest to delivery: 1: ____ (110-113)
22. Did mother have confirmatory treponemal test result (e.g., FTA-ABS or MHATP)? (114) (Footnote a) 1 <input type="checkbox"/> Yes, reactive 2 <input type="checkbox"/> Yes, nonreactive 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unknown	23. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery? (115) (Footnote a) 1 <input type="checkbox"/> Yes, positive 2 <input type="checkbox"/> Yes, negative 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unknown	24. When was mother last treated for syphilis? (116) 1 <input type="checkbox"/> Before pregnancy (Go to Q25) 3 <input type="checkbox"/> No Treatment (Go to Q28) 2 <input type="checkbox"/> During Pregnancy (Go to Q26) 9 <input type="checkbox"/> Unknown (Go to Q28)
25. Before pregnancy, was mother's treatment adequate? (117) (Footnote b) 1 <input type="checkbox"/> Yes, adequate (Go to Q27) 9 <input type="checkbox"/> Unknown (Go to Q28) 2 <input type="checkbox"/> No, inadequate (Go to Q28)	26. During pregnancy, was mother's treatment adequate? (118) (Footnote b) 1 <input type="checkbox"/> Yes, adequate 3 <input type="checkbox"/> No, inadequate: penicillin therapy begun < 30 days before delivery (Go to Q28) 2 <input type="checkbox"/> No, inadequate: non-penicillin therapy (Go to Q28) 4 <input type="checkbox"/> Unknown (Go to Q28)	27. An appropriate serologic response? (119) (Footnote c) 1 <input type="checkbox"/> Yes, appropriate response with adequate serologic follow-up during pregnancy 3 <input type="checkbox"/> No, inappropriate response: evidence of treatment failure or reinfection 2 <input type="checkbox"/> Yes, appropriate response but no follow-up serologic titers during pregnancy 4 <input type="checkbox"/> No, response was equivocal or could not be determined from available nontreponemal titer information

PART III. INFANT INFORMATION

28. Date of Delivery: ____/____/____ Mo. Day Yr. (120-127)	29. Vital status: (128) 1 <input type="checkbox"/> Alive (Go to Q31) 3 <input type="checkbox"/> Stillborn (Go to Q32) (Footnote d) 2 <input type="checkbox"/> Born alive, then died 9 <input type="checkbox"/> Unk (Go to Q31)	30. Indicate date of death ____/____/____ Mo. Day Yr. (129-136)
31. Gender: (137) 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> Unk	32. Birthweight (in grams) ____ (138-141)	33. Estimated gestational age (in weeks) ____ (142-143) (If infant was stillborn go to Q44)
34. Did infant/child have a reactive serologic test for syphilis (e.g., RPR, VDRL, FTA-ABS or MHA-TP)? (144) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Go to Q36) 9 <input type="checkbox"/> Unk (Go to Q36)	35. When was the infant/child's first reactive serologic test for syphilis? ____/____/____ Mo. Day Yr. (145-152)	36. Did the infant/child have any classic signs of CS? (153) (Footnote e) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, asymptomatic infant/child 9 <input type="checkbox"/> Unk
Laboratory Confirmation 37. Did the infant/child have a darkfield exam? (154) 1 <input type="checkbox"/> Yes, positive 3 <input type="checkbox"/> No test 2 <input type="checkbox"/> Yes, negative 9 <input type="checkbox"/> Unk.	38. Did the infant/child have a direct fluorescent antibody test? (155) 1 <input type="checkbox"/> Yes, positive 3 <input type="checkbox"/> No test 2 <input type="checkbox"/> Yes, negative 9 <input type="checkbox"/> Unk.	39. Did the infant/child have an IgM-specific treponemal test? (156) (Footnote f) 1 <input type="checkbox"/> Yes, reactive 3 <input type="checkbox"/> No test 2 <input type="checkbox"/> Yes, nonreactive 9 <input type="checkbox"/> Unk.

Infant/Child Evaluation

40. Did the infant/child have long bone X-rays? (157) 1 <input type="checkbox"/> Yes, changes consistent with CS 3 <input type="checkbox"/> No xrays 2 <input type="checkbox"/> Yes, no signs of CS 9 <input type="checkbox"/> Unk.	41. Did the infant/child have a CSF-VDRL? (158) 1 <input type="checkbox"/> Yes, reactive 3 <input type="checkbox"/> No test 2 <input type="checkbox"/> Yes, nonreactive 9 <input type="checkbox"/> Unk.	42. Did the infant/child have a CSF cell count or CSF protein test? (159) (Footnote g) 1 <input type="checkbox"/> Yes, one or both elevated 3 <input type="checkbox"/> No test 2 <input type="checkbox"/> Yes, both not elevated 9 <input type="checkbox"/> Unk.	43. Was the infant/child treated? (160) 1 <input type="checkbox"/> Yes, with Aqueous or Procaine Penicillin for ≥ 10 days 3 <input type="checkbox"/> Yes, with Benzathine penicillin x 1 4 <input type="checkbox"/> Yes, with other treatment 2 <input type="checkbox"/> Yes, with Ampicillin followed by Aqueous or Procaine Penicillin for a total ≥ 10 days 5 <input type="checkbox"/> No treatment 9 <input type="checkbox"/> Unk.
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PART IV. Congenital Syphilis Case Classification

44. Classification (161) 1 <input type="checkbox"/> Not a case 2 <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of <i>T. pallidum</i> , e.g., darkfield or direct fluorescent antibody positive lesions) 3 <input type="checkbox"/> Syphilitic stillbirth (Footnote d) 4 <input type="checkbox"/> Presumptive case (A case identified by the above algorithm, which is not a confirmed case or syphilitic stillbirth).
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Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0128). Do not send the completed form to this address.

Footnotes: a) For the case definition of congenital syphilis (CS), the mother must have evidence of syphilis by one of the following tests: 1) a syphilitic lesion at the time of delivery proven by positive darkfield or direct fluorescent antibody (DFA) examination; or 2) a reactive treponemal test (e.g., FTA-ABS, MHA-TP). A treponemal test on the mother may not be available for an infant evaluated outside the newborn period or a child with late CS. In these instances, the investigation may proceed on the basis of infant/child treponemal and nontreponemal tests. An attempt to obtain a maternal treponemal test should be made.

- Adequate therapy in a pregnant woman is treatment with a penicillin regimen, appropriate for the mother's stage of syphilis, started at least 30 days before delivery (see 1989 STD Treatment Guidelines). Any non-penicillin treatment or penicillin treatment in the last 30 days of pregnancy is inadequate for the unborn child.

- An inappropriate response is less than a fourfold drop over the expected time period unless the patient is known to be serofast (see below). An equivocal response includes instances where it was difficult to assess adequate response because either no interim titers from treatment to delivery were available or insufficient time had passed between treatment and delivery. An unknown response includes those instances where titers before treatment and/or at delivery are not available. The infant/child of a mother with an equivocal or unknown response should be evaluated for CS.

Special consideration is required in the case of a serofast patient. If a mother's titer was 1:1 or 1:2 before pregnancy, there is evidence of adequate treatment, and at delivery her titer is still the same low level, she should be regarded as serofast. Stop the case investigation; this is not a case.

- e) Signs of CS (usually in an infant or child <2 years old) include: condyloma lata, snuffles, syphilitic skin rash, hepatosplenomegaly, jaundice due to syphilitic hepatitis, pseudoparalysis, or edema (nephrotic syndrome and/or malnutrition). Stigmata in an older child may include: interstitial keratitis, nerve deafness, anterior bowing of shins, frontal bossing, mulberry molars, Hutchinson's teeth, saddle nose, rhagades, or Clutton's joints.

- g) In the immediate newborn period, interpretation of these tests may be difficult; normal values vary with gestational age and are higher in preterm infants. CSF cell count and protein in a term or preterm infant should be interpreted by the clinician. Beyond the neonatal period, a CSF cell count >5 wbc/mm³ or a CSF protein >50 mg/dl is abnormal, regardless of CSF serology.

